

APPLICATION FOR  
**RENEWAL OF**  
**SPEECH-LANGUAGE PATHOLOGIST, PREKINDERGARTEN-12 AND**  
**SPEECH-LANGUAGE TECHNICIAN, PREKINDERGARTEN-12 CERTIFICATE**

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT  
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

**GENERAL INSTRUCTIONS AND INFORMATION - Submit the following:**

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Print (**IVP**) fingerprint card (plastic).
- B. **Application for Renewal of Speech-Language Pathologist and Speech-Language Technician Certificate** form completed along with your payment. Acceptable forms of payment are personal check, money order, or cashier's check made payable to the Arizona Department of Education. **Cash will not be accepted.** Fees are not refundable.
- C. Verification of the required clock hours or semester hours of professional development completed during the valid period of the certificate to be renewed. See Section 4 on Page 2 for the required hours.

**SECTION 1: PERSONAL INFORMATION - Please use blue or black ink.**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Number or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_\_ White (Not-Hispanic)  
\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Other

**SECTION 2: CERTIFICATES AND FEES – Please select the certificate(s) to be renewed:**

\_\_\_\_ SPEECH-LANGUAGE PATHOLOGIST, PREKINDERGARTEN-12 ..... \$20  
\_\_\_\_ SPEECH-LANGUAGE TECHNICIAN, PREKINDERGARTEN-12 ..... \$20

**ATTENTION:**



If “YES” is indicated for any of the following questions, you must attach an **Explanation of Incident** form to your application before it can be processed. You may download the form at: <http://www.azed.gov/educator-certification/downloadable-certification-forms/>

**ATTENTION:**



**SECTION 3: CRIMINAL HISTORY - Answer EVERY question, sign and date. Attach **Explanation of Incident**, if required.**

1. > YES__ NO__	Have you ever had any professional certificate or license, revoked or suspended?	2. > YES__ NO__	Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. > YES__ NO__	Have you ever been convicted of any felony offense?	4. > YES__ NO__	Have you ever been arrested for any offense for which you were fingerprinted?
5. > (Answer every question.)	Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?	5. > (Answer every question.)	(continued) Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?
> YES__ NO__	Second-degree murder	> YES__ NO__	Continuous sexual abuse of a child
> YES__ NO__	Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	> YES__ NO__	Attempted first-degree murder
> YES__ NO__	Sexual assault	> YES__ NO__	Any other dangerous crime against children as defined in section A.R.S. § 13-604.01
> YES__ NO__	Molestation of a child	> YES__ NO__	Any of the above listed offenses if committed as a reparatory offense as described in A.R.S. 13-1001
> YES__ NO__	Sexual conduct with a minor	> YES__ NO__	Any offense causing you to register as a sex offender
> YES__ NO__	Commercial sexual exploitation of a minor	> YES__ NO__	First-degree murder
> YES__ NO__	Sexual exploitation of a minor	> YES__ NO__	Armed Robbery
> YES__ NO__	Child abuse	> YES__ NO__	Incest
> YES__ NO__	Kidnapping	> YES__ NO__	Exploitation of minors involving drug offenses
> YES__ NO__	Sexual abuse of a minor	> YES__ NO__	Sexual abuse of a vulnerable adult
> YES__ NO__	Taking a child for the purpose of prostitution as prescribed in section A.R.S. § 13-3206	> YES__ NO__	Sexual exploitation of a vulnerable adult
> YES__ NO__	Child prostitution as prescribed in section ARS § 13-3212	> YES__ NO__	Commercial sexual exploitation of a vulnerable adult
> YES__ NO__	Involving or using minors in drug offenses	> YES__ NO__	Abuse of a vulnerable adult
		> YES__ NO__	Molestation of a vulnerable adult
		> YES__ NO__	Neglect of a vulnerable adult

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**SECTION 4: RENEWAL POLICIES AND PROCEDURES -**

**I. Speech-Language Pathologist, PreKindergarten-12**

The certificate is valid for 6 years and may be renewed with completion of Sixty (60) clock hours of relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.

✓ **Required Documentation:** Official transcripts from an accredited institution or Certificates of Attendance.

**II. Speech-Language Technician, PreKindergarten-12**

The certificate is valid for 6 years and may be renewed with the completion of 12 semester hours of **graduate level** coursework in the field of speech pathology, OR 180 clock hours of professional development in the areas of articulation, voice, fluency, language disorders, low incidence disabilities, professional issues and ethics, or service delivery models OR a combination of both; 15 clock hours equals 1 semester hour on an official transcript.

✓ **Required Documentation:** Official transcripts from an accredited institution or Certificates of Attendance.

**SECTION 5: DISTRICT VERIFICATION OF PROFESSIONAL DEVELOPMENT -**

☐ I verify that this applicant has completed \_\_\_\_\_ **clock hours** of professional development activities during the last valid period of the certificate to be **RENEWED**:

☐ I verify that this applicant has completed \_\_\_\_\_ semester hours of professional development activities during the last valid period of the following certificate to be **RENEWED**:

**Verified by:**

**Date:**

*Superintendent or HR Director's Signature*

*Print Name*

**Title:**

**School District:**

**SECTION 6: APPLICANT SUBMISSION OF PROFESSIONAL DEVELOPMENT SEMESTER HOURS:**

☐ I (Applicant) verify completion of \_\_\_\_\_ **semester hours** of education or subject area courses taken from an accredited institution during the valid period of my certificate(s) to be renewed. I have enclosed official transcript(s) documenting hours.

*Applicant's Signature*

*Date*